## **STATEMENT OF**

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Once dee only
FLORIDA BAN	KERS ASSOCIATION POLITICA	AL ACTION COMMITTEE		
ADDRESS (number and	Post Office Box 13	60 		
(Check if address is changed)				
	Tallahassee			32302   -
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one			
(Check if address is changed)	bblount@floridaba	nkers.com 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
	1			
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00012484		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my k  Treasurer Lesley Jordan	nowledge and belief it is true, correc	it and complete	
Signature of Treasurer	Electronically Filed by Lesley J	ordan	Date 0,3	D D D Y Y Y 2009
NOTE: Submission of fa	se, erroneous, or incomplete information n	nay subject the person signing this s	•	-
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)